

MISSISSIPPI STATE BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS

Initial License Application

(Use for Social Work Licensure/ Student Approval to Take ASWB Examination)

(Please type or print in ink)

Date: _____ (Please use legal name that is identified on your driver license or social security card)

Name: _____
(Last) (First) (Middle/Maiden)

Mailing Address: _____ Telephone No. (____) _____ - _____

(City) (State) (Zip Code) (County)

Social Security Number: - - Date of Birth - -

Race: _____ Sex: Male ☐ Female ☐ U.S. Citizen: No ☐ Yes ☐ Legal Alien: No ☐ Yes ☐

Place of Employment: _____

Public Agency ☐ Private Agency ☐ Title of Position: _____

Business Address: _____ Telephone No. (____) _____ - _____

(City) (State) (Zip Code) (County)

If upgrading, give license number: -

1. License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW) ☐
Master Social Worker (LMSW) ☐
Certified Social Worker (LCSW) ☐

2. Are you a student within fifteen (15) hours of graduation from a college or university accredited by the Council on Social Work Education (CSWE) or Southern Association of College and Schools (SACS)? If you are not a student, skip to question #4. No ☐ Yes ☐

3. Please have the Dean or Chair of your Social Work Department sign below to verify that you are within 15 hours of graduation:

Dean or Social Work Chair Date

Name of College or University: _____

4. Which social work degree do you possess : _____BSW _____MSW _____DSW/Ph.D. _____ N/A (Student)

5. Is your school accredited by _____ CSWE _____ SACS _____ BOTH _____ OTHER

Initial License Application Processing Fee: \$25.00 (Cashier's Check or Money Order, payable to MSBOESWMFT)

(NON-REFUNDABLE)

For Office Use Only:

Cashier's Check or Money Order #: _____ Amount: \$ _____ Date: _____

Name on check , if different from licensee: _____

(Continue on Back of This Form)

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6. Have you ever been licensed as a social worker in this state? No ☐ Yes ☐
If yes, what was your license number: _____
7. Have you ever been licensed or registered as a social worker in another state? No ☐ Yes ☐
If yes, complete the Reciprocity/Information Verification Form and send it to the state(s) of previous licensure.
8. Have you ever had a license or permit encumbered in any way? No ☐ Yes ☐
If yes, has the decree changed? Attach a full explanation.
9. Has any court ever declared you mentally incompetent? If yes, attach an full explanation. No ☐ Yes ☐
10. Have you ever been convicted of any crime or violation of law (*except minor traffic violations*) ? If yes, attached a full explanation. No ☐ Yes ☐
11. I have enclosed my initial license application processing fee (non-refundable) and current passport-like photo. No ☐ Yes ☐
12. I understand that licensure as a social worker requires the following information to be completed and submitted to the Board for review it regularly scheduled board meeting for approval: Form 266, Form 267- verification of education , criminal history information check and passing score on the applicable ASWB examination. No ☐ Yes ☐
13. **I understand that my application for licensure as a LSW or a LMSW shall be considered abandoned if the ASWB exam has not been attempted within six (6) months from the date on which the application was filed.** An application for LCSW shall be considered abandoned if the ASWB exam has not been attempted within six months from the date on which the Board approved the termination of supervision. Any subsequent application shall be treated as a new application. No ☐ Yes ☐

(Notary Seal)

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires on _____.

Notary Public

I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant, and that the statements contained therein or accompanying this application are true to the best of my knowledge and belief.

Applicant's Signature

Date

**Current
Passport-Like Photo of
You Facing Forward**

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

Complete form, make cashier's check or money order payable to **MSBOESWMFT** and mail to:

**MS Board of Examiners for SW/MFT
Post Office Box 4508
Jackson, MS 39296-4508**



Mississippi
State Board of Examiners for
Social Workers and Marriage & Family Therapists
Jackson, MS 39296-4508
Post Office Box 4508
601-987-6806/Fax: 601-987-6808
www.swmft.ms.gov

Dear Student Applicant:

Subject: Student approval to take the Association for Social Work Boards (ASWB) social work exam if you are within 15 hours of graduation.

The purpose of this form is to allow you take and pass the ASWB exam before graduation from your social work program. You should only apply to take the exam if you are planning to take it within next 30- 60 days. For example, if you graduation date is May 14, 201X, then you should submit your initial application no later than March 30, 201X and then take it before May 14th (graduation date).

Upon receipt of the \$25.00 initial application processing fee (cashier's check or money order) and the completed initial application form, the Board will approve you to sit for the exam and mail you an approval letter. ASWB no longer publishes the Candidate Handbook for mail-outs. To review examination instructions and download the Candidate Handbook, you must go to the follow online link: <http://www.aswb.org/pdfs/handbook.pdf> (*Please read the Candidate Handbook*). It gives you instructions on how to apply to take the exam. The exam fee is a separate cost from the initial application processing fee.

Currently, the bachelor's exam is \$230.00 and the intermediate (masters), advanced, and clinical exam is \$260.00. Those fees must be paid to ASWB. You may schedule an appointment to take the exam with ASWB fourteen (14) days after payment is received. If you fail the exam and plan to retake it, please follow the instructions in the candidate handbook again.

The exam is given daily at two locations: Pearson Professional Center (Jackson), 1755 Lelia Drive, Suite 404, Jackson, MS 39211 and Pearson Professional Center (Tupelo), 431 W. Main St., Suite 340, Tupelo, MS 38801. ASWB will give you more detailed information about the test locations in your area or state.

The state laws governing Mississippi's licensure of social workers and marriage and family therapists require a fingerprint criminal history record information check and a sex offender registry check for each applicant for licensure. The checks must be obtained from the appropriate governmental authority or authorities and must be received by the Board within one-hundred eighty (180) day of the completed application.



Mississippi
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When a completed initial application is received by the Board office, the applicant will be mailed the appropriate form and instructions necessary to secure the background checks. The completed fingerprint criminal history and sex offender registry checks must be received by the Board office before an individual's application will be considered for licensure. Any fees associated with obtaining a background check is the responsibility of the applicant. Criminal violations found on the background checks may delay your licensure.

Upon graduation, you must submit the verification of education form (form 267) to the Board to verify that you possess a social work degree.

If an applicant has met all of the general requirements stated in the state laws and the rules and regulations governing the licensure of social workers including a initial application form (Form 266), verification of education form (Form 267) and a acceptable background and sex registry check, your completed file shall be presented to the Board for licensure at their regularly scheduled monthly meeting. After approval, the Board will request in writing that you submit your license fee. The license fee for LSW is \$70.00 and \$100.00 for LMSW and LCSW. You must pay with a cashier's check or money order.

A copy of the rules and regulations can be found at our website: www.swmft.ms.gov

Sincerely,

Billy Dilworth
Executive Director

Attachment: Initial Application Form (Form 266)